

**STATE OF NEW JERSEY**  
**Department of Health and Senior Services**  
 Nursing Facility Rate Setting and Reimbursement Cost Report  
 Input Data

**2007 NF Cost Report**

Facility Name	Sussex County Homestead
Period Beginning:	January 1, 2007
Period Ending:	December 31, 2007
D.H.S.S. Number:	19510
Unisys Number:	4503902
Facility Telephone:	(973) 948-5400
FAX Number:	(973) 948-5810
Email Address:	

Number of Months: \_\_\_\_\_

*Please type in the green cells ONLY.*

Website: \_\_\_\_\_

General Administrative Information  
 (Check all applicable blocks with an "X")

A. Type of Facility

Hospital

Nursing Facility

Residential Unit

Medical Day Care

Special Care:  
 UNISYS # \_\_\_\_\_

Special Care:  
 UNISYS # \_\_\_\_\_

Special Care:  
 UNISYS # \_\_\_\_\_

Other-Specify:  
 UNISYS # \_\_\_\_\_

B. Type of Ownership

Proprietary

Voluntary

Governmental

Other \* SCNF- Specify:  
 \_\_\_\_\_

	Building	Land
Owned by Operator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Leased from Related Organization	<input type="checkbox"/>	<input type="checkbox"/>
Leased from Unrelated Organization	<input type="checkbox"/>	<input type="checkbox"/>

Name of Licensee Corporation Owning Facility:  
 \_\_\_\_\_ Sussex County \_\_\_\_\_

Name of Organization Operating Facility:  
 \_\_\_\_\_ Sussex County \_\_\_\_\_

# EXPENSES

# SCHEDULE A

FACILITY NAME: **Sussex County Homestead**  
 D. H. S. S. NUMBER: **19510**  
 UNISYS NUMBER: **4503902**  
 COST REPORT F.Y.E.: **Dec 31, 2007**

*The Blue Highlighted Cells  
 have calculations.  
 DO NOT ERASE!*

**DO NOT CHANGE PRE-PRINTED  
 WORDING ON THIS SCHEDULE**

Line #	Abbrev	Cost Center	(A) Hours	(B) Salaries and Fringes	(C) Fees and Other Expenses	(D) Recovery and Eliminations	(E) Net Total Expenses	(F) Expenses Applicable to NF	(G) Expenses Applicable to Non-NF (10)	(H) Allocation Basis Sch A-2
<b>General Fringe Benefits</b>										
1	FICA			332,562			332,562			
2	Workers' Compensation Insurance			131,286			131,286			
3	Unemployment Insurance			10,868			10,868			
4	Disability Insurance			10,868			10,868			
5	Medical Insurance			1,455,448			1,455,448			
6	Dental Insurance						0			
7	Union Welfare						0			
8	Vision Insurance						0			
9	Uniforms						0			
10	Tuition Assistance						0			
11	Pension			143,893			143,893			
12	Employee's Physicals and Inoculations						0			
13	Other.						0			
14	Other.						0			
15	Other.						0			
16	General Fringe Benefit Recovery ( Sch. A-1)						0			
17	GFRB			2,084,925		0	2,084,925	2,084,925	0	
<b>Total General Fringe Benefits:</b>										
<b>Management and Administration</b>										
18	Management Fees and Related Expenses						0			
19	Home Office Costs, Not in Line 18 above						0			
20	Director's Fees and Expenses (Limit \$1,000)						0			
21	Related Party Compensation (4)						0			
22	Auto Leasing and Depreciation						0			
23	Other Auto Expenses						0			
24	Out of State Travel						0			
25	General Fringe Benefits (3)						0			
26	Special Fringe Benefits						0			
27	Dues						0			

# EXPENSES

# SCHEDULE A

FACILITY NAME: Sussex County Homestead  
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 COST REPORT F.Y.E.: Dec 31, 2007

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28		Other:					0			
29	MGMT	Total Management: <sup>(5)</sup> <sup>(6)</sup>	0	0	0	0	0	0	0	
<b>Administrator</b>										
30		Salary	2,080	99,951			99,951			
31		General Fringe Benefits <sup>(3)</sup>					0			
32		Special Fringe Benefits					0			
33		Out of State Travel					0			
34		Dues					0			
35		Auto Depreciation and Leasing					0			
36		Other Auto Expenses					0			
37		Other:					0			
38	ADM	Total Administrator: <sup>(6)</sup>	2,080	99,951	0	0	99,951	99,951	0	
<b>Assistant Administrator</b>										
39		Salary	2,080	69,514			69,514			
40		General Fringe Benefits <sup>(3)</sup>					0			
41		Special Fringe Benefits					0			
42		Out of State Travel					0			
43		Dues					0			
44		Auto Depreciation and Leasing					0			
45		Other Auto Expenses					0			
46		Other:					0			
47	ASAD	Total Assistant Administrator: <sup>(6)</sup>	2,080	69,514	0	0	69,514	69,514	0	
<b>Other Administrative</b>										
48		Home Office/Management Fees					0			
49		Office Personnel	12,690	258,035			258,035			
50		Office Supplies and Expenses		10,372			10,372			

# EXPENSES

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51		Telephone			20,371		20,371			
52		License and Dues (8)			7,013		7,013			
53		Data Processing			10,526		10,526			
54		Insurance not related to property or employees					0			
55		Business Taxes					0			
56		Travel			3,477		3,477			
57		Accounting Fees					0			
58		Legal Fees					0			
59		Other Administrative Fees			33,106		33,106			
60		Seminars			7,491		7,491			
61		Medical Records / Medical Library					0			
62		Allowable Contributions					0			
63		Help Wanted Ads			9,464		9,464			
64		Services and Supplies Sold, Sch A-1, Line 4					0			
65		Purchase Discounts and Rebates, Sch A-1, Line 6					0			
66		Other OADM Recoveries, Sch A-1, Lines 15 - 17					0			
67		Amortization of Start-up Costs (7)					0			
68		MDS Coordinator	1,427	52,269			52,269			
69		Inservice Coordinator	2,747	64,044			64,044			
70		Quality Assurance					0			
71		Ward Clerk	3,725	48,780			48,780			
72		Other: <b>Orientation</b>	707	17,818			17,818			
73		<b>Total Nursing Administration:</b>	8,606	182,911	0	0	182,911			
74		Allowable Employee Gifts and Party					0			
75		Other: County Allocations		580,179			580,179			
76		Other: <b>Please See Note Below (12)</b>	0	0	0	0	0			
77	OADM	<b>Total Other Administrative:</b>	21,296	440,946	681,999	0	1,122,945	1,122,945	0	

# EXPENSES

# SCHEDULE A

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<b>General Services</b>										
78	FOOD	Food			231,183		231,183	231,183	0	
		Total Food:			231,183	0	231,183	231,183	0	
<b>Dietary, Laundry, and Housekeeping</b>										
79	DIET	Dietary (1)	31,811	532,695	-27,263		505,432	505,432	0	
80	LDLI	Laundry and Linen	4,043	64,554	106,998		171,552	171,552	0	
81	HSKP	Housekeeping	13,565	192,638	50,853		243,491	243,491	0	
82		Total Dietary, Laundry, and Housekeeping:	49,419	789,887	130,588	0	920,475	920,475	0	
<b>Other General Services</b>										
83		Disposal Service			16,508		16,508			
84		Exterminating Service			8,343		8,343			
85		Grounds Maintenance			4,920		4,920			
86		Motor Pool					0			
87		Plant Security					0			
88		Snow Removal			9,193		9,193			
89		Fire Drill					0			
90		Other:					0			
91		Other:					0			
92	OGSR	Total Other General Services:	0	0	38,964	0	38,964	38,964	0	
<b>Property Operating (2)</b>										
93	MAIN	Maintenance (exclude auto)	33,047	241,919	510,956		752,875	752,875	0	
94	PTXL	Property Taxes (Land)					0	0	0	
95	PTXB	Property Taxes (Building)					0	0	0	
96		Electric			196,176		196,176			
97		Cable Television/Satellite TV			7,711		7,711			
98		Fuel Oil			29,125		29,125			



# EXPENSES

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Line #	Abbrev	Cost Center	(A) Hours	(B) Salaries and Fringes	(C) Fees and Other Expenses	(D) Recovery and Eliminations	(E) Net Total Expenses	(F) Expenses Applicable to NF	(G) Expenses Applicable to Non-NF (10)	(H) Allocation Basis Sch A-2
99		Natural Gas					0			
100		Water & Sewerage			29,034		29,034			
101	UTIL	Total Utilities:			262,046	0	262,046	262,046	0	
102	PRIN	Property Insurance			18,319		18,319	18,319	0	
103		Other:					0	0	0	
104		Total Property Operating:	33,047	241,919	791,321	0	1,033,240	1,033,240	0	
		Property Capital (2)								
105	DPAM	Depreciation and Amortization			137,009		137,009	137,009	0	
106	RTLE	Net Rentals and Leases			14,445		14,445	14,445	0	
107	INTR	Allowable Interest					0	0	0	
108		Total Property Capital:			151,454	0	151,454	151,454	0	
		Nursing								
109	RNS	Nursing, RN's-Salaried	14,243	476,813			476,813	476,813	0	
110	RNCT	Nursing, RN's-Contracted					0	0	0	
111	LPNS	Nursing, LPN's-Salaried	23,729	530,329			530,329	530,329	0	
112	LPCT	Nursing, LPN's-Contracted					0	0	0	
113	OSAL	Nursing, Other-Salaried	84,647	1,439,081			1,439,081	1,439,081	0	
114	OSCT	Nursing, Other-Contracted					0	0	0	
115		Total Nursing:	122,619	2,446,223	0	0	2,446,223	2,446,223	0	
		Other Patient Care								
116	MDDR	Medical Director			14,791		14,791	14,791	0	
117	PTAC	Patient Activities	14,604	232,152	6,226		238,378	238,378	0	
118	PHCS	Pharmaceutical Consultant			10,366		10,366	10,366	0	
119	NLDG	Non-Legend Drugs			16,697		16,697	16,697	0	
120	MDSP	Medical Supplies			42,413		42,413	42,413	0	

# EXPENSES

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Line #	Abbrev	Cost Center	(A) Hours	(B) Salaries and Fringes	(C) Fees and Other Expenses	(D) Recovery and Eliminations	(E) Net Total Expenses	(F) Expenses Applicable to NF	(G) Expenses Applicable to Non-NF (10)	(H) Allocation Basis Sch A-2
121	SOSR	Social Services	1,388	26,621			26,621	26,621	0	
122	OXYG	Oxygen (13)			4,961		4,961	4,961	0	
123		<b>Total Other Patient Care:</b>	15,992	258,773	95,454	0	354,227	354,227	0	
<b>Non-Routine/Non-Allowable</b>										
127		Personal Expenses				0				
128		Interest assessed by DHSS				0				
129		Fines, Penalties and Non-Allowable Interest				0				
130		Amortization of Organization Cost				0				
131		Prescribed Drugs			57,350	-57,350				
132		Laboratory and X-Ray			7,873	-7,873				
133		Payments to Physicians (exclude Medical Director)				0				
134		Physical, Speech, Hearing and Occupational Therapy			230,211	-230,211				
135		Income Taxes, including NJ Corporate Business Tax on Net Income and subsequent years liability				0				
136		Gift Shop and Snack Bar				0				
137		Barber and Beauty Shop				0				
138		Contributions, except for Voluntary Fire and First Aid Companies in the vicinity of the Nursing Home				0				
139		Collection cost for over due private patient accounts.				0				
140		Promotional and Directory advertising except for bold print yellow page ads				0				
141		Expenses relating to future expansion, to include Architect Fees				0				
142		Fund Raising Expenses				0				

# EXPENSES

# SCHEDULE A

FACILITY NAME: **Sussex County Homestead**  
 D. H. S. S. NUMBER: **19510**  
 UNISYS NUMBER: **4503902**  
 COST REPORT F.Y.E.: **Dec 31, 2007**

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Line #	Abbrev	Cost Center	(A) Hours	(B) Salaries and Fringes	(C) Fees and Other Expenses	(D) Recovery and Eliminations	(E) Net Total Expenses	(F) Expenses Applicable to NF	(G) Expenses Applicable to Non-NF (10)	(H) Allocation Basis Sch A-2
143		Utilization Review				0				
144		Dental Services				0				
145		Employee Gifts and Party (including Christmas Party)				0				
146		Ambulance Services				0				
147		Home Office / Management Fees				0				
148		Bad Debts				0				
149		<b>PROVIDER TAX EXPENSE</b>				0				
150		Other: Ancillary				0				
151		Other: Misc				0				
152		Other: Respiratory Therapy				0				
153		Other: Special Care Nursing Facility				0				
154		Other: Medical Day Care				0				
155		Other: Other Patient Services				0				
156		Other:				0				
157		Other:				0				
158		Other:				0				
159		Other:				0				
160	NRNA	Total Non-Routine/Non-Allowable Expenses:	0	295,434	-295,434	0	0	0	0	
161	XXXX	Total Expenses	246,533	6,432,138	2,416,397	295,434	8,553,101	8,553,101	0	

**NOTES:**

- (1) Place an "X" in this block if Dietary is 100% Contracted.
- (2) Amounts paid by lessor for property operating, should be netted from line 105 and reported on line(s) 93, 94, 95, 96 and 101 as applicable. For related lease, report depreciation and interest on lines 105 and 106.
- (3) If General Fringe Benefits are not reported on lines 1 through 16.
- (4) The cost of related parties who work at the facility less than 20 hours per week should be reported in the Management Cost Center.
- (5) Place an "X" in block if Management Costs include Home Office Costs. A separate Schedule of Home Office Costs must be attached.





**Recoveries and Other Revenues**

**SCHEDULE A-1**

FACILITY NAME: Sussex County Homestead

**DO NOT CHANGE PRE-PRINTED**

D. H. S. S. NUMBER: 19510

**WORDING ON THIS SCHEDULE**

UNISYS NUMBER: 4503902

COST REPORT F.Y.E.: Dec 31, 2007

A. INCIDENTAL REVENUES		(1)	(2)
		AMOUNT	COST CENTER
B:	RESTRICTED FUNDS EXPENSED FOR OPERATING COSTS		
25	Other:		
26	Other:		
27	Other:		
28	Other:		
29	Other:		
30	Total Restricted Funds Expensed:	-	

A. INCIDENTAL REVENUES		(1)	(2)
		AMOUNT	COST CENTER
1	Meals Sold to Guests or Employees		FOOD
2	Rooms Rented to Employees		RTLE
3	Equipment Rentals Excluding Routine Care		RTLE
4	Services And Supplies Sold		OADM
5	Telephone and Vending Machine Commissions		OADM
6	Purchase Discounts and Rebates		OADM
7	Laundry Services to Employees		LDLI
8	Private Nursing Services		RNS
9	Medical Supplies sold to other than patients		MDSP
10	Cable Television		UTIL
11	Property Rentals		RTLE
12	Interest		INTR
13	General Fringe Benefits		GFRB
14	General Fringe Benefits		GFRB
15	Other: (Specify)		OADM
16	Other: (Specify)		OADM
17	Other: (Specify)		OADM
18	Other: (Specify)		DIET
19	Other: (Specify)		
20	Other: (Specify)		
21	Other: (Specify)		
22	Other: (Specify)		
23	Other: (Specify)		
24	<b>Total Revenues/Recoveries:</b>	-	

C: Other Revenues		Item	Revenue
31	Investment Income		
32	Trust Income		
33	Gifts and Bequests		
34	Gains/(Losses) On Sale Of Investments		
35	Permanent Declines In Market Value Of Investments		
36	Other: (Specify) Refunds		-2,957
37	Other: (Specify)		
38	Other: (Specify)		
39	Other: (Specify)		
40	Other: (Specify)		
41	Other: (Specify)		
42	Other: (Specify)		
43	Other: (Specify)		
44	<b>Total Other Revenues:</b>		<b>-2,957</b>

45	<b>Total of Section A,B, and C:</b>	<b>(2,957)</b>
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- (1) Enter the line item amounts on Schedule A, Column G for the appropriate cost centers
- (2) Enter the cost center syntax (i.e., ADM, DIET, HSKP) from Schedule A where the line items for eliminations and recoveries appear on Schedule A, Column D. Cost Center abbreviations which may be used include: DIET, DPAM, HSKP, LDLI, MAIN, MDDR, MDSP, NLDG, OGSR, OSCT, OXYG, PHCS, PRIN, PTAC, PTXB, PTXL, AND SOSR.
- (3) Indicate the center that the majority of cost are credited, for this center and all others.

(NOTE: All income items that have not been reported on Schedule B-2 are to be reported on this schedule.)

# BASIS OF ALLOCATION SCHEDULE

# SCHEDULE A-2

FACILITY NAME: **Sussex County Homestead**  
 D. H. S. S. NUMBER: **19510**  
 UNISYS NUMBER: **4503902**  
 COST REPORT F.Y.E.: **Dec 31, 2007**

**100% Nursing Facility**

**Special Care Program(s)**

Code	Basis	(A)	(B)	(C)	(D)
		Applicable To NF	Applicable To Non-NF	Total	Percent Applicable To NF
0	DEFAULT (100% Nursing Facility)	1		1	100.0000%
1	Patient Days			0	#DIV/0!
2	Accumulated Costs			0	#DIV/0!
3	Number of Meals Served			0	#DIV/0!
4	Pounds of Laundry			0	#DIV/0!
5	Square Feet			0	#DIV/0!
6	Other:			0	#DIV/0!
7	Other:			0	#DIV/0!
8	Other:			0	#DIV/0!
9	Other:			0	#DIV/0!
10	Other:			0	#DIV/0!
11	Other:			0	#DIV/0!
12	Other:			0	#DIV/0!
13	Other:			0	#DIV/0!
14	Other:			0	#DIV/0!
15	Other:			0	#DIV/0!
16	Other:			0	#DIV/0!
17	Other:			0	#DIV/0!
18	Other:			0	#DIV/0!
19	Other:			0	#DIV/0!
20	Other:			0	#DIV/0!
21	Other:			0	#DIV/0!
22	Other:			0	#DIV/0!
23	Other:			0	#DIV/0!
24	Other:			0	#DIV/0!
25	Other:			0	#DIV/0!
26	Other:			0	#DIV/0!

Accumulated Costs, Schedule A 5,471,200

**PATIENT DAYS AND BEDS**

**SCHEDULE B**

FACILITY NAME: **Sussex County Homestead**  
 D. H. S. S. NUMBER: **19510**  
 UNISYS NUMBER: **4503902**  
 COST REPORT F.Y.E.: **Dec 31, 2007**

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**From: Jan 1, 2007 To: Dec 31, 2007**

**ACTUAL BASE PERIOD PATIENT DAYS**

**A. PATIENT DAYS**

1. Private
2. Medicaid
3. Medicare
4. Therapeutic Leave
5. Other:
6. Sub Total
7. Medicaid Bed Hold Days
8. "Other" Bed Hold Days
9. Total Patient Days
10. Percent Occupancy
11. Medical Day Care Days

(A) Nursing Facility	(B) Residential/ Shelter	(C) Special Program # 1 0	(D) Special Program # 2 0	(E) Special Program # 3 0	(F) Hospital **	(G) Total
6,076						6,076
27,405						27,405
2,315						2,315
1						1
289						289
36,086	0	0	0	0	0	36,086
314						314
50						50
36,450	0	0	0	0	0	36,450
97.90%	0.00%	0.00%	0.00%	0.00%	0.00%	97.90%

Hospital Beds: \_\_\_\_\_

Sheltered/Residential Beds: \_\_\_\_\_

**B. LICENSED LONG TERM CARE BEDS \***

PERIOD		DAYS	BEDS	MAXIMUM BED DAYS
FROM	TO			
Jan 1, 2007	To: Dec 31, 2007	365	102	37,230
	To:			
	To:			
	To:			
	To:			
	To:			
	To:			
	To:			
Total:		365	102	37,230

Maximum Available Bed Days  
**37,230**

Licensed Beds At Period End  
**102**

Weighted NF Licensed Beds  
**102**

**C. MAINTAINED LONG TERM CARE BEDS \***

PERIOD		DAYS	BEDS	AVAILABLE BED DAYS
FROM	TO			
Jan 1, 2007	To: Dec 31, 2007	365	102	37,230
	To:			
	To:			
	To:			
	To:			
	To:			
	To:			
	To:			
Total:		365	102	37,230

Total Days In Period  
**365**

Maximum Available Bed Days  
**37,230**

Weighted NF Maintained Beds  
**102**

**\* A copy of the Department of Health Licensing letter(s) acknowledging any bed changes during the reporting period must be submitted with this Cost Report.**

**\*\* Use these sections ONLY if Hospital Costs are reported on Schedule A.**

# PATIENT DAYS AND BEDS

# SCHEDULE B

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**From:** Jan 1, 2007 **To:** Dec 31, 2007

### D. SPECIAL CARE PROGRAM(S)

Special Program # 1 Beds **0**

FROM	PERIOD		DAYS	BEDS	AVAILABLE BED DAYS
	TO	TO			
	To:				
	To:				
	To:				
<b>Total:</b>			<b>0</b>	<b>0</b>	<b>0</b>

**Program # 1  
 Weighted Beds**

**Licensed Beds  
 At Period End**

Special Program # 2 Beds **0**

FROM	PERIOD		DAYS	BEDS	AVAILABLE BED DAYS
	TO	TO			
	To:				
	To:				
	To:				
<b>Total:</b>			<b>0</b>	<b>0</b>	<b>0</b>

**Program # 2  
 Weighted Beds**

**Licensed Beds  
 At Period End**

Special Program # 3 Beds **0**

FROM	PERIOD		DAYS	BEDS	AVAILABLE BED DAYS
	TO	TO			
	To:				
	To:				
	To:				
<b>Total:</b>			<b>0</b>	<b>0</b>	<b>0</b>

**Program # 3  
 Weighted Beds**

**Licensed Beds  
 At Period End**



# NURSING SERVICES CLASSIFICATION

Facility Name: Sussex County Homestead  
 D.H.S.S. Number: 19510

Report Period From: Jan 1, 2007 Through: Dec 31, 2007

The Blue Highlighted Cells have calculations  
 DO NOT ERASE!

## Additional Nursing Services

Note: Completion of this Schedule will be used in setting of facility rate and is subject to Clinical Audit.

	Jan 2007	Feb 2007	Mar 2007	Apr 2007	May 2007	Jun 2007	Jul 2007	Aug 2007	Sep 2007	Oct 2007	Nov 2007	Dec 2007	Totals
<b>Medicare</b>													
1. Tracheotomy Care													0
2. Use of Respirator													0
3. Head Trauma													0
4. Intravenous Therapy									1	3			9
5. Wound Care	3								1	1			9
6. Oxygen Therapy									1	1			1
7. N/G Tube Feeding	3								1	2			19
<b>Totals</b>													

	Jan 2007	Feb 2007	Mar 2007	Apr 2007	May 2007	Jun 2007	Jul 2007	Aug 2007	Sep 2007	Oct 2007	Nov 2007	Dec 2007	Totals
<b>Medicaid</b>													
1. Tracheotomy Care													0
2. Use of Respirator													0
3. Head Trauma													0
4. Intravenous Therapy													0
5. Wound Care	1								2	1			6
6. Oxygen Therapy	3								7	6			36
7. N/G Tube Feeding	1								1	1			4
<b>Totals</b>													

	Jan 2007	Feb 2007	Mar 2007	Apr 2007	May 2007	Jun 2007	Jul 2007	Aug 2007	Sep 2007	Oct 2007	Nov 2007	Dec 2007	Totals
<b>Private</b>													
1. Tracheotomy Care													0
2. Use of Respirator													0
3. Head Trauma													0
4. Intravenous Therapy													0
5. Wound Care	1								1	3			12
6. Oxygen Therapy	2								2	2			12
7. N/G Tube Feeding	1								1	1			12
<b>Totals</b>													

	Jan 2007	Feb 2007	Mar 2007	Apr 2007	May 2007	Jun 2007	Jul 2007	Aug 2007	Sep 2007	Oct 2007	Nov 2007	Dec 2007	Totals
<b>Other</b>													
1. Tracheotomy Care													0
2. Use of Respirator													0
3. Head Trauma													0
4. Intravenous Therapy													0
5. Wound Care	1												1
6. Oxygen Therapy													1
7. N/G Tube Feeding													0
<b>Totals</b>													

	Jan 2007	Feb 2007	Mar 2007	Apr 2007	May 2007	Jun 2007	Jul 2007	Aug 2007	Sep 2007	Oct 2007	Nov 2007	Dec 2007	Totals
<b>ACUITY OF CARE</b>													
1. Tracheotomy Care	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Use of Respirator	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Head Trauma	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Wound Care	6	0	1	1	1	1	0	2	3	4	0	1	19
6. Oxygen Therapy	0	8	10	2	0	1	8	10	9	7	2	1	58
7. N/G Tube Feeding	1	2	3	2	1	1	2	2	2	1	1	1	17
<b>Totals</b>													

Sum of Total Acutifies Reported

# PATIENT REVENUES

# SCHEDULE B-2

Facility Name: **Sussex County Homestead**

The Blue Highlighted Cells have calculations  
**DO NOT ERASE!**

Period Ending: **Dec-07**

Unisys Number: **4503902**

**DO NOT CHANGE PRE-PRINTED**

DHSS Number: **19510**

**WORDING ON THIS SCHEDULE**

	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
	Nursing Facility NF	Residential / Shelter	Special Program # 1	Special Program # 2	Special Program # 3	Hospital	Other Patient Revenue	Total
1. Gross Private Revenues	1,364,814							1,364,814
2. Contractual Allowances								0
3. Net Private Revenues	1,364,814	0	0	0	0	0	0	1,364,814
4. Gross Medicaid Revenues	5,375,343							5,375,343
5. Contractual Allowances								0
6. Net Medicaid Revenues	5,375,343	0	0	0	0	0	0	5,375,343
7. Gross Medicare Revenues	866,430							866,430
8. Contractual Allowances								0
9. Net Medicare Revenues	866,430	0	0	0	0	0	0	866,430
10. Other Gross Revenues 1*								0
11. Contractual Allowances								0
12. Other Net Revenues 1	0	0	0	0	0	0	0	0
13. Other Gross Revenues 2*	139,634							139,634
14. Contractual Allowances								0
15. Other Net Revenues 2	139,634	0	0	0	0	0	0	139,634
16. Other Gross Revenues 3*								0
17. Contractual Allowances								0
18. Other Net Revenues 3	0	0	0	0	0	0	0	0
19. Sum of Gross Revenues	7,746,221	0	0	0	0	0	0	7,746,221
20. Sum of Contractual Allowances	0	0	0	0	0	0	0	0
21. Sum of Net Revenues	7,746,221	0	0	0	0	0	0	7,746,221

**\* Specify:**

Other Provider 1: \_\_\_\_\_

Other Provider 2: \_\_\_\_\_

Other Provider 3: \_\_\_\_\_

Therapies

**NOTES:**

- A. All Patient Revenue and Related deductions from Revenue are to be Recorded on this Schedule.
- B. DO NOT include Bad Debts as a part of Allowances. Bad Debts are listed on Schedule A Line 148.
- C. Report Allowances as an Absolute Value.
- D. Revenue received or accrued means the amount received or receivable, whether in cash or in kind, from patients, third party payors, and others for nursing home services furnished by the nursing home provider, including retroactive adjustments under reimbursement agreements with third party payors without any deduction for expenses of any kind.

**MISCELLANEOUS DATA**

**SCHEDULE B-3**

FACILITY NAME: Sussex County Homestead

D. H. S. S. NUMBER: 19510

UNISYS NUMBER: 4503902

COST REPORT F.Y.E.: Dec 31, 2007

**DO NOT CHANGE PRE-PRINTED**

**WORDING ON THIS SCHEDULE**

Indicate the number of treatments for Medicaid patients which were unreimbursed by Medicare or other payers:

Physical Therapy	
Occupational Therapy	
Speech Therapy	

Total Therapy Treatments:

**Indicate the following Medicare information:**

Medicare Intermediary	Riverbend
Medicare Provider Number	31-5378
Effective date of Medicare Rate	10/1/2007

# SELECTED DATA

# SCHEDULE C

Facility Name: **Sussex County Homestead**

D. H. S. S. NUMBER: **19510**

Unisys Number: **4503902**

Period Ending: **Dec 31, 2007**

**DO NOT CHANGE PRE-PRINTED  
WORDING ON THIS SCHEDULE**

## A. NURSING HOURS REQUIREMENT:

1. Nursing RN's Salaried, Schedule A, Line 109
2. Nursing LPN's Salaried, Schedule A, Line 111
3. Nursing Other Salaried, Schedule A, Line 113
4. <b>Total Nursing Salaried Hours</b>

Total Hours Paid	Total Hours Worked	Percent Worked
14,243	12,307	
23,729	20,608	
84,647	72,487	
122,619	105,402	86%

## B. CURRENT PROPERTY DATA:

5. Land	
6. Land Improvements	
7. Buildings including Additions	47,110
8. Building Equipment	
9. Reimbursable Moveable Equipment	28,476
10. Non-Reimbursable Moveable Equipment	
11. Motor Vehicles (Other than for Administrator)	
12. Leasehold improvements & Other Amortization Item	
13. Special Program:	
14. Special Program:	
15. Special Program:	
16. <b>TOTAL EXPENDITURES</b>	<b>75,586</b>

A	B	C
Capitalized Maintenance & Replacement	Additions	Net Rental & Leases
47,110		
		14,445
28,476		
75,586	-	14,445

# RELATED PARTIES AND SELECTED EMPLOYEES

# SCHEDULE D

Facility Name: Sussex County Homestead

D. H. S. S. NUMBER: 19510

Unisys Number: 4503902

Period Ending: Dec 31, 2007

**DO NOT CHANGE PRE-PRINTED  
WORDING ON THIS SCHEDULE**

### Data Concerning Related Parties Other Than Employees

(A) Related Party Type <sup>(2)</sup>	(B) Related Party Name	(C) Loans		(D) Annual Interest		(E) Equity		(F) Reporting Period Transactions		(G) Schedule A Line Number
		Ending Balance	Rate	Annual Interest Rate	Percent of Total	Nature of Transaction(s)		Amount		
1										
2										
3										
4										
5										

### Data Regarding Selected Employees Including Related Parties

(1)	(H) Name of Employee	(I) Live on Premises?	(J) Hours Worked	(K) Annual Compensation	(L) Special Fringe Benefits	(M) Auto Expense and Other	(N) Related Party (Yes/No)
<input type="checkbox"/>	6 Administrator Jake Lighten	No	2,080	99,951	0	0	No
<input type="checkbox"/>	7 Asst. Administrator Barbara Wendland	No	2,080	69,514	0	0	No
<input type="checkbox"/>	8 Nursing Director Sandra O'Brien	No	2,080	80,337		0	No
<input type="checkbox"/>	9 Controller						
<input type="checkbox"/>	10 Chief Financial Officer						
<input type="checkbox"/>	11						
<input type="checkbox"/>	12						
<input type="checkbox"/>	13						
<input type="checkbox"/>	14						

Name of Employee <sup>(1)</sup>	Facility Name	Position	Hours Worked

<sup>(1)</sup> Check if Employee works in another Facility. The bottom section MUST be completed for any employee listed on Lines 6-14.

<sup>(2)</sup> Type Owner or Related to Owner.

<sup>(3)</sup> Include compensation, purchases, interest expenses, leases and any other transaction affecting data reported on Schedule A.



# RECONCILIATION

# SCHEDULE E

FACILITY NAME: **Sussex County Homestead**  
 D. H. S. NUMBER: **19510**  
 UNISYS NUMBER: **4503902**  
 COST REPORT F.Y.E.: **Dec 31, 2007**

<u>EXPENSES</u>				
	<u>SCHEDULE</u>	<u>COLUMN</u>	<u>LINE</u>	<u>AMOUNT</u>
1	Total Gross Salaries Reported	A	161	4,347,213
2	Total Gross Salaries per Form 941			4,347,213
3	Difference ( Line 1 less Line 2 )			0
4	Explanations of Line 3:			
5	County Consolidated			
6				
7				
8				
9				
10	Total Expenses Reported:	A	161	8,848,635
11	Total Expenses per Financial Statements			8,848,641
12	Difference Line (Line 10 less Line 11)			-6
13	Explanations for Line 12			
14	Rounding			-6
15				
16				
17				

<u>REVENUES</u>				
	<u>SCHEDULE</u>	<u>COLUMN</u>	<u>LINE</u>	<u>AMOUNT</u>
1	Patient Revenues	H	21	7,746,221
2	Recoveries & Other Revenues	"AMOUNT"	24+44	-2,957
3	Restricted Funds Recovery	"AMOUNT"	30	
4	Unrestricted Income			
5	Total Revenues Reported			7,743,264
6	Total Revenues per Financial Statements			7,743,264
7	Difference ( Line 5 less Line 6 )			0
8	Explanations for Line 8:			
9				
10				
11				
12				
13				
14				
15				
16				
17				

# Certification

# SCHEDULE F

CERTIFICATION BY TRUSTEE, OWNER, OFFICER, PARTNER OR ADMINISTRATOR OF PROVIDER

Jake Lighten Administrator  
(Name) (Title)  
of the Sussex County Homestead  
(Facility Name)  
129 Morris Turnpike  
(Street Address)  
Newton NJ 07860-0000  
(City) (State) (Zip Code)  
19510 4503902  
*DHSS Number:* *Unisys Number:*

**MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT  
MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW**

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report, supporting schedules, and financial information prepared for the facility with a Cost Report period beginning on Jan 1, 2007 and ending on Dec 31, 2007, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions, except as noted, and relate to patient care.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
(Date Signed)  
\_\_\_\_\_  
(Phone Number)  
\_\_\_\_\_  
(E-Mail address)





**Patient Days and Revenue Details**  
 FACILITY NAME: / Homestead  
 D. H. S. S. NUMBER: 19510  
 UNISYS NUMBER: 4503902  
 COST REPORT F.Y.E.: #####

**Schedule B Supplement**

Total Patient Days				Total Revenue			
	Patient Days Reported in Sch B	Days Reported NHA 100	Diff	Revenue Reported in Sch B-2	Revenue Reported NHA 100	Diff	
1	<b>Medicaid</b>	27,405	28,395	-990	5,373,080	5,327,939	45,141
2	New Jersey	27,405	28,395	-990	5,373,080	5,327,939	45,141
3	Routine	26,058	28,072	-2,014	Routine	5,327,939	45,141
4	Hospice	1,347		1,347	Hospice		0
5	Managed Care:			0	Managed Care		0
6	Respite (State Waiver Program)		323	-323	Respite (State Waiver Program)		0
7				0			0
8	<b>Out of State</b>	0	0	0	<b>Out of State</b>	0	0
9	Routine			0	Routine		0
10	Hospice			0	Hospice		0
11	Managed Care:			0	Managed Care		0
12	Respite (State Waiver Program)			0	Respite (State Waiver Program)		0
13				0			0
14	<b>Private Pay</b>	6,076	5,769	307	<b>Private Pay</b>	1,364,814	1,398,181
15	Private Self Pay	6,057	5,769	288	Private Self Pay	1,364,814	1,398,181
16	Private Insurance	19		19	Private Insurance		0
17				0			0
18	<b>Medicare</b>	2,315	2,286	29	<b>Medicare</b>	866,430	1,012,432
19	Part A Fee for Service (Full Payment & Co Ins Days)	2,315	2,286	29	Part A Fee for Service (Full Payment & Co Ins Days)	866,430	1,012,432
20	Part C (Medicare Managed Care)			0	Part C (Medicare Managed Care)		0
21				0			0
22	<b>Other Governmental</b>	0	0	0	<b>Other Governmental</b>	0	0
23	Veteran's Administration			0	Veteran's Administration		0
24	Tricare			0	Tricare		0
25	County Respite			0	County Respite		0
26	Other			0	Other		0



Patient Days and Revenue Details

Schedule B Supplement

27	Other		0		0	
28			0			0
29	Therapeutic Leave	1	1			0
30	All Other Days not listed above	289	289			0
31			0			0
32	Bed Holds	364	0	364	2,263	0 2,263
33	Medicaid NJ Bed Hold (reimbursable)	314	314		2,263	
34	Medicaid NJ Bed Hold (mandated but not reimbursable)		0			0
35	Medicaid Out of State Bed Hold (reimbursable)		0			0
36	Medicaid Out of State Bed Hold (mandated but not reimbursable)		0			0
37	Private Pay Bed Holds	50	50			0
38	All Other Bed Holds		0			0

Explanation

1	NHA 100 includes bed holds & reclasses between payor categories
14	NHA 100 includes bed holds & reclasses between payor categories
18	Reclasses between payor categories
29	Included in private on NHA 100
30	Included in private on NHA 100